

PTO/SB/21 (09-04)

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# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

<b>Application Number</b>	10/034854-Conf. #9629	
	<b>Filing Date</b>	December 21, 2001
	<b>First Named Inventor</b>	David SHADMON
	<b>Art Unit</b>	2192
	<b>Examiner Name</b>	E. B. Kiss
<b>Attorney Docket Number</b>	0100157.00159US1	
<b>Total Number of Pages in This Submission</b>	7	

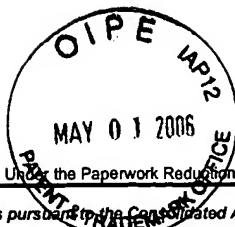
## ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Request for Continued Examination (RCE) Transmittal; Return Receipt Postcard
<b>Remarks</b>		

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

<b>Firm Name</b>	WILMER CUTLER PICKERING HALE AND DORR LLP		
<b>Signature</b>			
<b>Printed name</b>	Gary A. Walpert		
<b>Date</b>	May 1, 2006	<b>Reg. No.</b>	26,098

Express Mail Label No. EV 734137302 US Dated: May 1, 2006



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<b>FEE TRANSMITTAL</b> <b>For FY 2006</b>		<b>Complete if Known</b>	
		Application Number	10/034854-Conf. #9629
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Filing Date	December 21, 2001
		First Named Inventor	David SHADMON
		Examiner Name	E. B. Kiss
TOTAL AMOUNT OF PAYMENT		(\$)	1,810.00
		Attorney Docket No.	0100157.00159US1

<b>METHOD OF PAYMENT (check all that apply)</b>	
<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card
<input type="checkbox"/> Money Order	<input type="checkbox"/> None
<input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account	Deposit Account Number: 08-0219
Deposit Account Name: Wilmer Cutler Pickering Hale and Dorr LLP	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

<b>FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)</b>						
<b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>						
Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)
Utility	300	150	500	250	200	100
Design	200	100	100	50	130	65
Plant	200	100	300	150	160	80
Reissue	300	150	500	250	600	300
Provisional	200	100	0	0	0	0
<b>2. EXCESS CLAIM FEES</b>						
Fee Description					Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)					50	25
Each independent claim over 3 (including Reissues)					200	100
Multiple dependent claims					360	180
Total Claims		Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	
- =		x	=		Fee (\$)	Fee Paid (\$)
HP = highest number of total claims paid for, if greater than 20.						
Indep. Claims		Extra Claims	Fee (\$)	Fee Paid (\$)		
- =		x	=			
HP = highest number of independent claims paid for, if greater than 3.						
<b>3. APPLICATION SIZE FEE</b>						
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).						
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)		
- 100 =	/50	(round up to a whole number) x	=			
<b>4. OTHER FEE(S)</b>						
Non-English Specification, \$130 fee (no small entity discount)					Fees Paid (\$)	
Other (e.g., late filing surcharge): 1253 Extension for response within third month					1,020.00	
1801 Request for continued examination (RCE) (see 37 ...					790.00	

<b>SUBMITTED BY</b>			
Signature		Registration No. (Attorney/Agent)	26,098
Name (Print/Type)	Gary A. Walpert	Telephone	(212) 230-8800
		Date	May 1, 2006

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